

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009814

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 590Registrar's No. 646

FILED MAR 5 1963

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Berkeley</u>		c. CITY OR TOWN <u>Red Bud</u>	
Length of stay in 1b <u>5 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hubbards Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>Red Bud, Illinois.</u>	
3. NAME OF DECEASED (Type or print) First <u>Sophia</u> Middle <u>Huber</u> Last <u>Huber</u>		4. DATE OF DEATH Month <u>February</u> Day <u>23</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/22/1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		11. BIRTHPLACE (City and state or country) <u>Red Bud, Illinois.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Peter Ludwig</u>		13b. MOTHER'S MAIDEN NAME <u>Unavailable</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>No</u>		16. SOCIAL SECURITY NO. <u>Nil</u>	
17. INFORMANT <u>John J. Huber, 4600 Carter Avenue.,</u>		14. NAME OF HUSBAND OR WIFE <u>John Huber, dec'd</u>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chr. Myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Arterio-sclerosis</u> DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Red Bud, Illinois.</u>	
21. I attended the deceased from <u>Aug 3, 1958</u> to <u>Feb 23, 1963</u> and last saw her alive on <u>Feb 23, 1963</u> Death occurred at <u>2:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <u>9385 Page Blvd St. Louis, Mo</u>	
22a. SIGNATURE <u>M. A. Huber M.D.</u> (Degree or title)		22c. DATE SIGNED <u>2/25/63</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2/25/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Local</u>	
23d. LOCATION (City, town, or county) <u>Red Bud, Illinois.</u>		24. FUNERAL DIRECTOR <u>Dashner Funeral Home, Red Bud, Illinois.</u>	
25. DATE RECD. BY LOCAL REG. <u>2-25-63</u>		26. REGISTRAR'S SIGNATURE <u>John E. Murphy M.D.</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.